



Bib Data Sheet

CONFIRMATION NO. 573E

<b>SERIAL NUMBER</b> 09/761,993	<b>FILING DATE</b> 01/17/2001 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3739	<b>ATTORNEY DOCKET NO.</b> YOUNF 100	
<b>APPLICANTS</b> William P. Young, Canal Winchester, OH;  <b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/176,965 01/19/2000  <b>** FOREIGN APPLICATIONS *****</b> <i>none</i>  <b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 03/01/2001</b> <b>** SMALL ENTITY **</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWING</b> 24	<b>TOTAL CLAIMS</b> 6	<b>INDEPENDENT CLAIMS</b> 2
Verified and Acknowledged Examiner's Signature _____ Initials _____					
<b>ADDRESS</b> 2555					
<b>TITLE</b> Laser onychectomy by resection of the redundant epithelium of the ungual crest					
<b>FILING FEE RECEIVED</b> 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input checked="" type="checkbox"/> Credit		